



Photograph or Right Index Fingerprint	Birthdate:	
	Weight:	Height:
	Color Hair:	Color Eyes:
	Social Security No.:	
Emergency Worker Assignment (WAC 118-04):		
Bearer's Signature:		
EMD-025 (7/00) (Back)		


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		STATE OF WASHINGTON EMERGENCY WORKER IDENTIFICATION CARD
Name:		
Is a registered Emergency Worker of:		
Department:		
Authorizing Signature:		
Date Issued:	Date Expired:	Card No.:
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